

8608

DO NOT WRITE
ON THIS STUB

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045011

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10873**

STATE FILE NUMBER

FILED NOV 19 1962

AMENDED

VS 300
Rev. 4/59

1
2 **207**
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4 **0**
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12 **90-0**
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DATE AMENDED
2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5417 Arlington Ave.		d. STREET ADDRESS (If outside, give location) 5417 Arlington Ave.	
3. NAME OF DECEASED (Type or print) First HARRY Middle E. Last VOSS		4. DATE OF DEATH Month Nov. Day 9, Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Woodworker		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	9. AGE (last birthday) 83
11a. FATHER'S NAME Henry Voss		11b. MOTHER'S MAIDEN NAME Minnie Winkelmeier	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT Tillie Voss		Address 5417 Arlington Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic Heart Disease DUE TO (c) senility			INTERVAL BETWEEN ONSET AND DEATH 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:15 p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis		
21. I attended the deceased from 11-9-62 to 11-9-62 and last saw him alive on 11-23-62 Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS 4110 W. Fairmount Ave.	
22a. SIGNATURE H. E. Mueller M.D.		22c. DATE SIGNED 11-12-62	
23a. BURIAL CREMATION REMOVAL (Specify) Burial	23b. DATE Nov. 12, 1962	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR SUEDMEYER & SON'S 3934 N. 20th Street		25. DATE RECD. BY LOCAL REG. 11-12-62	
26. REGISTRAR'S SIGNATURE Joan Smith, M.D.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.